

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

July 5, 2012

Mr. Robert Simpson, Administrator Brattleboro Retreat Anna Marsh Lane - PO Box 803 Brattleboro, VT 05301

Provider #: 474001

Dear Mr. Simpson:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **June 7, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

imlaMCtaRN

**Licensing Chief** 

PC:ne

**Enclosure** 



JUN/27/2012/WED UZ:29 PM

ADMIN MAIN 3

FAX No. 2583787

P. 003/023

	ent of dispiciendies of correction	(K1) PROVIDENSUPPLIERCUA IDENTIFICATION NUMBER: 474001	(KE) M A BUIL B. WIN		COMPLETED R-C	
·		474041	<u> </u>		06/07/2012	
	FROMDER OR SUPPLIER LEBORO RETREAT		ARMA MARBH LANE PO BOX 608  BRATTLEBORO, VT 05301			
POI) ID REFTX TAG	SUMMARY STO (EACH DETICIENC REGULATORY OR I	NY SMENT OF DEFICIENCIES Y MUST BE PREDEDED BY FULL SC IDENTIFYING INFORMATION)	PNEPD TAG	PROVIDERS PLAN OF GOR (BACH CORRECTIVE ACTION ( CROSS-REFERENCE) TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
000	conducted by the D Protection on 6/5/11 information obtaine	on-site follow up survey was livision of Licensing and 2 - 6/7/12. As a result of d the following deficiencies	(A 00	hospital staff communicates re information and conducts a the quality review and analysis of events.	ures that the elevant crough all adverse	
A 043	were identified. 482.12 GOVERNIN	G BODY	A 04	The Governing Body now requ closely monitors reporting of the communication, quality review	<b>.</b>	
	body legally respons hospitel as an institu- have an organized of legally responsible i must carry out the fit	ave an effective governing slible for the conduct of the atom. If a hospital does not povening body, the persons or the conduct of the hospital ancions specified in this part		analysis of adverse events, and the performance improvement through a review of the Patiant Committee meeting minutes are plans which will be discussed or regularly scheduled meetings.	d monitors activities Safety/PI ad action	1-043
	Based on observation record review conductively the Governing effective quality assessment programment of the conductive relevant information quality review and assessment at the conductive review and assessment review a	inclinet as evidenced by: ons, staff interviews and cted throughout the days of g Body failed to assure an essment and performance in. The Governing Body hospital staff communicated and conducted a thorough halysis of an adverse event ient requiring emergency		As described in the corrective a below, the Governing Body ensumediate action including, but to, comprehensive remedial edit return demonstration of compet review and revision of policies, and processes; disciplinary activity staff principally involved in adverse event; development an implementation of new tools, for processes to assist in identification communication, review and anal adverse events.	sured not limited ucation and sency; procedures ons taken the d ms and tion.	POC Accept 6/28/1
263	Refer to tags: A-263, 482.21 QAPI	A-267, A-276, A-287	A 263	Additional actions taken by the (Body Include:	3overning	
	date-driven quality as improvement program	ongoing, hospital-wide, sessment and performance n. ing body must ensure that		1. In order to immediately ensure safety and prevent access to conthe hospital no longer allows cur inpatients to attend off-unit meeting functuding anonymous" meetings also attended by the public.	ntrabend, rent ings.	

Any desictory statement ending with an asterick (\*) descess a deficiency which the institution may be excused from correcting providing it is determined that other carbonase provide sufficient protection to the patients. (See instructions.) Except for numing homes, the findings stated above are disclossible 90 days following the date of survey whether or not a plan of correction is provided. For numing homes, the above findings and plants of correction are disclossible 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approval plan of correction is requisite to continued program participation.

FORM CMS-2597(02-49) Previous Versions Obsolute

Event ID: UQTYt2

Facility ID: 474901

If confinuation sheet Page 1 of 21

P. UU4/U23

ADMIN MAIN 3 PRINTED: 08/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: (XS) DATE SURVEY COMPLETED (AR) MALTIPLE CONSTRUCTION A BUILDING R-C B. WONG 474001 06/07/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYATE, JOP CODE ANNA MARSH LANE PO BOX 803 **ERATTLEBORO RETREAT** BRATTLEBORD, VT 05301 FUNDARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAIST HE PRECEDED BY FUL PROVIDER'S PLAN OF CORRECTION COMPLETION MEX (EACH CORRECTIME ACTION SHOULD BE REGULATORY OR LIC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY 2. Immediate disciplinary actions were A 263 Continued From page 1 taken and formal counseling provided to the hospital's organization and services; involves all Unit Medical Director and the Clinical Manager on the Tyler 1 Co-occurring hospital departments and services (including Disorders unit to ansure all critical incidents those services furnished under contract or arrangement); and focuses on Indicators related including a suspicion of patients obtaining to improved health outcomes and the prevention illicit oplates or other contraband have been reported to the CMO, CNO, Senior Director and reduction of medical errors. of Standards/Quality, and the PI/Risk Manager, in accordance with policy. The hospital must maintain and demonstrate Additionally, the case of the patient evidence of its QAPI program for review by CMS. suffering the adverse event was referred for Accept peer review. This CONDITION is not met as evidenced by: 3. On May 1st, 2012, the President and Based on survey findings the Condition of Initiated: CEO, as endorsed by the Board of Participation for Quality Assessment and 5/1/12 Trustees, has instituted a more formal. Performance improvement was not met related to enhanced means of monitoring, as a failure to communicate relevant information in described below, for any critical incidents accordance with the facility's event reporting and actions taken and changes that may policy, and a failure to obtain pertinant medical have global hospital wide implications. This information during a quality review of the medical assures that executive team leaders can record for one patient. These fallures led to a ensure all areas of the hospital have been delay in the completion of a comprehensive assessed and actions taken if needed. analysis of the cause of an adverse event and 4. The Executive Team members consisting failure to identify a potential quality deficient of the CMO, CNO, VP of Operations, Senior practice. Director of Quality has begun meeting with the Tyler 1 unit leadership team on an intensified schedule to monitor critical Refer to: A-0267, A-0276 and A-0287 incidents and actions taken and changes 482.21(a)(2) QAPI QUALITY INDICATORS that may have global hospital wide implications. These meetings will occur wookly and will be reassessed on a The hospital must measure, analyza, and track quarterly basis. quality incicators, including adverge patient 5. Additionally, Executive Team members Completed: events, and other aspects of performance that €/E/12 Including the CMO, CNO, VP of Operations, assess processes of care, hospital services and Senior Director of Standards/Quality and 6/11/12 anoiteredo. 6/12/12 the PVRick Manager met with all adult unit leedership teams and then all unit This STANDARD is not met as evidenced by: leadership teams in a series of targeted

Based on staff interview and record review, after

hospital stall falled to complete an incident report

being involved in an adverse patient event,

included the CEO.

daily meetings beginning on 6/8/12, 6/11/12

and 6/12/12. The meeting on 6/11/12 also

JUN/27/2012/WED U2:30 PM AUMIN MAIN 3

YAX No. 2583787

P. 005/023

AUN-10-2014 UP-18 DATE UBU LUQU PRINTED: 08/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM AFPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DETCHMINES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (CI) MULTIPLE CONSTRUCTION (XI) DATE SURVEY MD PLAN OF CORRECTION COMPLETED A BUILDING R-C B. WING 474001 08/07/2012 NAME OF PROMOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 803 BRATTLEBORO RETREAT BRATTLEBORO, VT 15301 SUMMARY STATEMENT OF DEFICIENCIES OH DO PROVIDERS PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE MEACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LIC EXENTEYING INFORMATION) PREPIX TAG (148) Pletech REFIX CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) TAG 6. These targeted meetings provided A 267 Confinued From page 2 A 267 re-education of the criticality of reporting as per hospital policy, to ensure such events are by direct care staff members of any investigated, measured, analyzed and monitored incidents as outlined in our policies and for patient safety and quality of care for 1 procedures applicable patient (Patlent#3) Findings include: 7. Unit leaders were asked to stress with their respective statts the critical nature of Per record review, on 5/20/12 at approximately the incident event reporting process as it allows for a systemic, hospital wide 9:30-AM Patient #3 was transferred to the ED (Emergency Department) of an acute care consideration in any event englysis conducted by the Quality department. hospital with symptoms of excessive drowsiness. 8. These meetings were also held to decreased responsiveness, with a oxygen re-educate the unit leadership members of saturation of 84% (normal oxygen level is > 95%) the need for direct communication with and a drop in blood pressure. At 11:30 AM the their supervisors and the quality hospital ED notified Nurse #1 that Patient #3 department, of any critical incident and became awake and responsive after the action taken as a result so that executive administration of intravenous Narcan (an opioid team leaders can ensure all areas of the antagonist used to reverse the effects of opioids hospital have been assessed and actions including respiratory depression, sedation and teken if needed. low blood pressure). Although the hospitul has a process for reporting aubstance A263 482.21 QAPI Ingestion/overdose per Sentinel Event and Critical Incident Management and Communication (Jast The Hospital now ensures communication revised 02/2012), by completing an of relevant information in accordance with Incident/Occurrence report. Nurse #1 failed to its event reporting policy. follow policy by not submitting an Incident Report. Numb #1 also failed to follow hospital procedure The hospital now ensures that after on 6/20/12 by not reporting immediately the adverse events, staff members involved incident of a possible patient ingestion of opinide complete en incident report per policy and to the House Nursing Supervisor. ensures such events are investigated, measured, analyzed and monitored for Per review, Patient #3 was a voluntary admission patient safety and quality of care. to the hospital on 5/16/12 for treatment of his/her sloohol dependence. Past medical history The Quality department now ensures that includes previous dependence of oploids, hospital staff communicates relevant nowever upon admission no opinids were Information eccording to the incident detected via laboratory results. During the course

of treatment. Patient #3 received Librium

(sedative/ hypnotic/benzodiscepine) as per the

Alcohol Withdrawal Assessment Guidelines. On

reporting policy and that all pertinent

quality review so that a comprehensive

analysis of the cause of the event will be

information is in the medical record for any

DIL DOC TOOL

page 5

FAX No. 2583/87

P. 006/023

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/14/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DERGIENCIES (X1) PROVIDENSUMPLIENCUA (X3) DATE SURVEY COMPLETED 02) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING R-C B. WING 474001 DG/07/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP-CODE BRATTLEBORO RETREAT ANNA MARSH LANE PO BOX 8823 BRATTLEBORO, VT 05301 SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEPICIENCY) 0(4) (D COMPLETION MATE PREFIX PREFIX REGULATORY OR USC DENTIFYING INFORMATION TAG conducted. This is conducted with the A 267 Continued From page 3 following actions: 5/18/12 the treatment team assessed Patient #3 1) Incident reports are now reviewed daily Initiated: to be safe for increased solivities on Tyler 1 and as part of the standing agenda of the 6/10/12 within the hospital. On the evening of 5/18/12 Leadership Team Meeting that occurs Patient#3 attended a public wide Alcohol each moming. On week-ends the House Anonymous (AA) meeting held in the hospital Supervisor and Doctor on call (DOC) will cafeteria. review incidents daily and ensure the Administrator on call (AOC) is made aware After being appraised of the incident on 5/20/12 of all incidents. involving Patient #3, the Tyler I unit nurse 2) Comprehensive remedial education and To be manager, the medical director for Tyler I and the completed: training to be completed by 8/28/12 has 6/28/12 social worker met on 5/21/12 and made a been initiated for all direct cure staff. decision to stop petients from that unit from reinforcing policies and procedures related attending the community public AA meetings. to adverse events, with return This decision was made on the premise Patient demonstration of competency via question and answer, observation and "practice" #3 may have obtained an oploid substance from documentation. Emphasis was placed a member of the public on 5/15/12 while upon: attending the AA meeting. Although other units a) Incident identification, investigation and within the hospital allow patients to attend the AA community meetings, staff from Tyler! failed to Reporting b) Communication of Adverse Events alert the other units of the potential access of c) Roles and Responsibilities of staff in drug combaband from public attendage at the AA Accepte Patient Safety, Quality and Performance Improvement Processes meeting. Par interview on 8/8/12 at 9:45 AM, the Tyler I unit manager confirmed "I should have d) When and why to file an incident report persed # on ". et point of care in order to provide for an immediate review of incidents/ events and As a result of not completing an real time communication to other areas to Incident/Occurrence report by Nurse #1 and prevent a similar event failure of the Nerse Manager to notify senior e) Notification of House Nursing management, to Include the Medical Director, the Supervisor of Incident Interim Director of Nursing and the Chief of 1) Beginning immediately and in order to Operations of the decision to prohibit patients ensure a complete and thorough Quality from Tyler 1 from attending the public AA Analysis, action planning and monitoring meetings, the full spectrum of Patient #3's critical of the following high risk events will begin incident was not sufficiently investigated to immediately: In addition to the immediate assess the attuation and determine what review by staff present and the House Immediate interventions were required. Supervisor, 100% of code blues and transfers of patients to BMH will be Per interview on 6/6/12 at 3:55 PM, the Senior reviewed on a weekly basis or more often

P. 007/023

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BYL MOA TORY PRINTED: 08/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OCO MULTIPLE CONSTRUCTION O(3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: R.C. R MING 474001 06/07/2012 NAME OF PROMOTER OR SUPPLIED STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 803 BRATTLEBORO RETREAT BRATTLEBORO, VT 05301 GUMNARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION Ð pay CALETION EACH CORRECTIVE ACTION SHOULD BE PRFFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY if needed, in a critical incident review EdG-A A 267 Continued From page 4 process by the CMO or designee, the unit Director of Quality and Regulatory Services, Medical Director, an A and E LIP and the 0DC confirmed a/he was unaware of the suspicion of Senior Director of Standards and Quality drug contraband at the AA meeting on 5/18/12 Management and Tyler#1 's decision to close access to AA How Monitored: - 100% of open medical records were meetings for patients. The Director further Van 20 reviewed on 6/7/12 and 6/6/12 on the Tyler confirmed on 6/7/12 at 4:45 PM the events surrounding Patient #3 's emergent transfer to 1 Co-Occurring Disorders unit to review for the ED and immediate response to Narcan possible unreported incidents. No ahould have been identified as a Critical incident unreported incidents were discovered. redulting a report and a complete review for - A rendom sample of 24 charts monitored for other quality indicators will now be patient eafety concerns and quality improvement augmented to include the following: The A 276 482.21(b)(2)(8) QAPI IDENTIFY IMPROVEMENT A 276 possibility of unreported incidents that could lead to an adverse event not being The hospital must use the data collected to-1 thoroughly analyzed. Person(s) Responsible: (ii) Identify opportunities for improvement and PI/Risk Manager charges that will lead to improvement Senior Director of Standards and Quality A267 482.21(a)(2) QAPI QUALIT) This STANDARD is not met as evidenced by: INDICATORS Based on staff interview and record review, the hospital failed to identify a significant quality The hospital now ensures that after deficient practice and implement changes that adverse events, staff members involved would lead to improvement following an incident complete an incident report per policy and avolving a patient's potential access to illicit ensures such events are investigated, drugs. (Petient#3) Findings include: measured, analyzed and monitored for patient safety and quality of care. Per interview on 6/7/12 at 4:45 the Senior Director of Quality and Regulatory Services 1. Comprehensive remedial education and Inideled: confirmed the circumstances and events training has been initiated, to be 6/14/12 surrounding Patient #3's emergent transfer to completed by 6/28/12, for all direct care To be the ED of an acute care hospital on \$/20/12

staff, reinforcing policies and procedures related to adverse events, with return demonstration of competency via question and answer, observation and "practice" documentation. Emphasis was placed

a. Incident identification, investigation and Reporting

Coma 6/20/12

should have been identified as a Critical Incident

decreased responsiveness, with a oxygen saturation of 84% (normal oxygen level is > 95%)

and a drop in blood pressure tracted successfully

requiring a report and a complete review for patient safety concerns and quality improvement.

The symptoms of excessive drowsiness.

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FAX No. 2583787

P. 008/023

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PLAN C	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDERSUPPLERICLA DENTIFICATION MUMBER:	A BUILD	(K2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		SURVEY ETED R-C 07/2012
AME OF B	NOVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CO		II IEU IE
		· · · · · · · · · · · · · · · · · · ·		ANNA MARSH LANE PO BOX 163	NE .	
HATTL	EBORO RETREAT		1	BRATTLEBORO, VT 05301		,
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A 278	Continued From pa	ca 6	A 27	b. Communication of Advers		
72.0	•	en, created the suspicion	n ZI	A LIANDA AND LANDAMINED		
	Defient #2 while h	an, created and medicated for		Patient Safety, Quality and P Improvement Processes	ALIOHMANCO	
1		on., had possibly obtained		2. A review of all incidents, a	lverse events	1.
-		hile attending a public AA	•	and unusual occurrences is n	ow included	1
i	meeting.			at each change of shift report	as part of	
· j				clinical hand-off and in any tra	nsition	;
į		M1 at 10:15 AM, the Director		communication.		• •
" h		all Code Blue documentation		3. Incident reports are now re	viewed dally	
		documentation is complete		as part of the standing agend	e of the	111
		e followed, When Patient #3		Leadership Team Meeting, O	n week-ends	A 267
		ranges in their vital eigns and	•	the House Supervisor and Do (DOC) will review incidents do		
		ss, a Code Blue was called,	•	ensure the Administrator on c	IIIY AND	ROCEPH
i	STATT WORN OTHER UNIT	responded to the medical	•	i made aware of all incidents.		ACCEP!
		patient was transferred to the		(a) As of 6/26/12, the House &	Supervisors	Initiated:
		hospital for further evaluation in #3's medical record was	• ;	rounding on each unit and pro	gram will	Initiated: 6/26/12 01. JUL
		the Director of Quality due to		review and print out the online	log of	Manal
	the Code Rius event	However, the Director		incidents and review with the	charge nuise	Thy was
		at at the time of Patient #3 's	•	during rounding on each unit,		6/28/12
		ent medical information was		(b) Rounding shall occur ever	2 hours to	الحواط ا
		ord. Although an ettempt had	• • • •	compare incidents entered on	ine to shift	* ×
		luality Department, to obtain		report documentation of incide	)nts	-
		om the ED where treatment		(c) House Supervisors will also check in with the Charge Nurs	o verbally	
		he date of survey that		that incidents are entered into	the coffee	
.   1	information had still i	not been obtained, delaying		module	Pro Origine	
- 11	the process for thoro	ugh analysis of the event by		(d) House Supervisors will pro	actively	
1	the facility. At the su	rveyor's request the ED	1	share pertinent information will	h Charge	
		and revealed the ED		Nurses on all units in order to	reduce risk	•
		impression " which stated on		across the hospital.	1	
	DZU/TZ: "Reversal	of lathungy and hypoxia		(e) Before the House Supervis	or goes off '	
	economy to narout	use ". A progress note		shift they will check to see if st	aff entered ;	
		placed - opioid titration		the incident if staff have not the	ey will	
·   <u>'</u>	ever ship to booth	per min. At 0.3 mg, s/he 10 and awakened " .)	•	require it be done before staff	SAAS IUS	
	Mar Which in Markil 5	IV SIN SWEETEN III.	• • •	(f) The House Supervisor will (	ormoune the	
1,	As a rough of staff ~	t submitting a Critical	•	Incident Report Module log wi	th shift to	
	wa isoan yi ololi (K	he tack of communication	•	shift reports on each unit as a	- · • · · · · · ·	,

P. 009/023

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICAL	RE & MEDICAID SERVICES			OMB NO	. 0938-039
TATEMEN	IT OP DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA EDENTIFICATION NUMBER:	(202) MUII A. BUILD	TIPLE CONSTRUCTION	(X3) DATE S COMPL	EVED
:		474001	BL WANG			R-C 17/2012
MANIE OF	PROVIDER OR SUPPLIES	1	s	TREET ADDRESS, CITY, STATE, ZIP C		A TANK
BRATTL	EBORO RETREAT	<u> </u>		ANNA MARSH LANE PO BOX 805° BRATTLEBORO, VT 05201		
OLG ID PREPIX TAG	(EACH DEFICIEN	TAYEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC MENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTRO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD RE	COMPLETION
	termination of AA Per Discherge Sun attending physicial Patient #3 "it is oplate at the AA m used that while a/h attending physicial Tylar 1 had an awa case, there was a Medical Director. It time of survey, the appraised of the ch conduct a Pear rev	prvices was not aware of the meetings for patients on Tyler I. mmary finalized on 5/29/12 the instales regarding prognosis for likely that sine attended and seeting that sine attended and se was here. "Even though the mand the Medical Director for areness of Patient #3's clinical failure to inform the hospital's twee not until 6/3/12, at the Medical Director was rounstances. An opportunity to liew of the case based on the jent #3's clinical condition and	A 276	an incident report has been each incident.  (g) The House Supervisor was review of all incidents in their report to the oncoming super How Monitored:  - 100% of incident reports an reviewed to ensure incidents appropriately identified, command investigated.  o Any deficiencies will be immaddressed.  o Results are aggregated, trait trended, analyzed, and utilize performance improvement, as reported monthly to the Patter Committee and to the Govern	ill include a rhend-off relsor  e now if any are municated, rediately licked, and for a well as not Safety/Pi	Caped Colors
	The Department Dare responsible for dentification, invest reporting of incident heir area of responsible for the nurse manager of the nurse manager of the nurse and policical record to enternity of the nurse manager of the nurse o	stated on the morning of I not reviewed Patient #3's sure all documentation was as followed especially as it it it is opiate ingestion/overdose ander the care of staff on Tyler of who had attended the AA with Patient #3 or were of the Code Blue incident on per Sentine! Event and agament and		The Senior Director of Stance Quality now meets with the PI Manager and VP of Patient Coon a weekly basis to review 1 Incidents reported as an addit measure to reviewing the electrom House Supervisor's that critical incidents. Person(s) Responsible: Pl/Risk Manager Senior Director of Standards // CNO CMO CMO CEO Governing Body  A 276 462 21 (b)(2)(ii) QAPI ID IMPROVEMENT The hospital now identifies sign	derds and VRisk are Services 00% of ional tronic report contain	
		ned by the Senior Director of		quality deficient practice(s) and	implements :	. 1

P. 010/023

PRINTED: 06/14/2012

STATEMENT OF CORRECTION  AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  A BULDING  B. WING	CENT		E & MEDICAID SERVICES				M APPROVED O. 0938-0391
### A 287 Continued From page 7  Chality and Regulatory Services there was a faiture by staff to identify how the events surrounding Patient traitment units. As a result, patient shown of the funite complete Quality Assessment ent performent.  A 287 A 287 A 287 (c)(2) QAPI IMPROVEMENT ACTIVITIES  [Performence improvement activities must track medical errors and adverse patient event threatey creating a class that be done that do not have the Manager's follow-up completed. This report will be sent on a weekly basis.  The Cuality Assessment/Performence improvement and Performance improvement alied to track and analyze and expensions to sesure patient event threatey creating a class (in the performance improvement and perfo			(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		(X3) DATE	SURVEY
STREET ADDRESS, CITY, STATE 29 GIDE ANNA BRASEL LANG PO BOX BYS BRATTLEBORO RETREAT  ANNA BRASEL LANG PO BOX BYS BRATTLEBORO OF CORRECTION SOULD BY CASCH DEPERSION Y MIST BE PRESCUED BY PALL REGULATORY OR LISC DERITFYING INFORMATION)  A 276  Continued From page 7  Cuality and Regulatory Services finere was a failure by staff to identify how the events surrounding Patient #3 impacted patient strictly on all the patients from other units continued to aftend the PA public meetings on and effor 5718/12. Due to the lack of primpt reporting of events related to Patient #3, and the incomplete Guality Assessment review of all pertinent information delayed the hospital's opportunity to initiate changes that would lead to improvement.  A 287  [Performance improvement activities must track medical errors and advance patient event the tought of sevents that pose a risk to patient eately.  [Performance improvement activities must track medical errors and advance patient events] and analyze their causes, and.  This STANDARD is not met as evidenced by: Based on staff inferviour and record review, the hospital's Quality Assessment and Performance improvement filled to track and analyze an adverse patient event thereby creating a delay in appropriate response to assure petient seriety.  The Clusity Assessment/Performance improvement allied to track and analyze improvements there is session and analyze improvements and performance improvements and performance improvements that the performance improvement and performance improvement and performance improvement will be sent on a weekly basis.  The Clusity Assessment/Performance improvement and performance improvements and performance improvement and performance improvements and performance improvements that the performance incidents have the Manager's follow-up completed. This report will be sent on a weekly basis.  4. In addition to the quality reviews, an expanded must preview of all indications and performance improvements and performance incidents have the Manager's follow-up			474001	B. WANG		) DB	· · · <del>-</del>
ANA MARCH LANG PO BOX BS  ANAMASH LANG PO BOX BS  BRATTLEBORO, VT 05301  DEPARTING DEPOCRACY WINT BE PRECEDED BY PULL TAG (EACH DEPOCRACY OR LSC IDENTIFYING INFORMATION)  A 276 Continued From page 7  Challity and Regulatory Services there was a failure by staff to identify how the events surrounding patient strained units. As a result, patients from other units continued to attend the AP public meetings on and after 51812, Due to the lack of prompt reporting of events related to Patient #3, and the incorplete Quality Assessment review of all pertinent information delayed the hospital's opportunity to initiate changes that would lead to improvement activities must hack medical errors and advance patient events has been reviewed and review of all stores to an emergency department.  A 287 422 (c)(2) QAPI IMPROVEMENT ACTIVITIES  [Performance improvement activities must hack medical errors and advance patient events,] and analyze their causes, and  This STANDARD is not met as evidenced by: Based on staff interview and record review, the nospital's Quality Assessment and Parformance improvement failed to track and analyze an adverse patient event thereby creating a delay in appropriate response to assure patient safety.  The Quality Assessment/Parformance improvement failed to track and analyze an adverse patient event thereby creating a delay in appropriate response to assure patient safety.  The Quality Assessment/Parformance improvement failed to track and analyze improvement has been implemented on 82/20/12.	NAME OF	PROVIDER OR SUPPLIER	•	1	STREET ADDRESS, CITY, STATE ZP CODE		14114017
A 276 Continued From page 7 Cuality and Regulatory Services there was a feiture by staff to identify how the events surrounding Patient #3 impacted patient estedy on all the patient triagthent units. As a result, patients from other units continued to aftend the AA public meetings on and after 57.8/12. Due to the lack of primpt reporting of events related to Patient #3, and the incomplete Quality Assessment review of all performance improvement activities must track medical errors and advance patient events, and analyze an adverse patient events that several patient would be actively to initiate the patient expective managers and their Direct Supervisors, the VP of Patient Care and CNO and the VP of Operations for immediate rectification. The report will not met as evidenced by. Findings include:  The Quality Assessment/Performance improvement falled to track and analyze an improvement program falled to track a	BRATT	• " " " " " " " " " " " " " " " " " " "	•		ANNA MARSH LANE PO BOX 103		
Cuality and Regulatory Services there was a failure by staff to identify how the events surrounding Patient #3 impacted patient safety on all the petient #3 impacted patient safety on the lack of primpt reporting of events related to Patient #3, and the incomplete Quality Assessment review of all pertinent information delayed the hospital's opportunity to initiate changes that would lead to improvement.  A 287  482.21(c)(2) QAPI IMPROVEMENT ACTIVITIES  [Performance improvement extivities must track medical errors and adverse patient events] and analyze their causes, and  This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital's Quality Assessment and Performance improvement failed to track and analyze an adverse patient event thereby creating a detay in appropriate response to assure patient seriety.  The Quality Assessment/Performance improvement patient program talled to track and analyze improvement has been implemented on \$820/12   \$82	CX4 ID PREPIX TAG	(EACH DEFICIENC)		PREFIX	(BACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	Paril In Inc	COMPLETION DATE
a. A team including the Chief Medical Officer or designee, the unit Medical Director, an A and E LIP and the Senior Director of Standards and Quality Management or designee is now convened to conduct the incident review (s), for plan for and monitor ections, effectiveness of such actions, and to ensure communication across the hospital for prevention and quality improvement.	A 257	Quality and Regulat failure by staff to ide surrounding Patient all the patient treatm patients from other in AA public meetings the lack of prompt re Patient #3, and the Assessment review delayed the hospital's changes that would 482.21(c)(2) QAPI IN [Performance improvement failed to analyze their causes. This STANDARD is Based on staff interviously Quality Assessment propriets response Findings Include:  The Quality Assessment of Quality Assessment program the causes surrounding include:  The Quality Assessment of the possible improvement program the causes surrounding includes. The Quality Assessment of the possible improvement of the possible improvement of the possible improvement of the possible improvement of the hospital program of the hospital patients of the hospital patient	pry Services there was a milly how the events and impacted patient safety on tent units. As a result, units continued to aftend the on and after 5/18/12. Due to exporting of events related to incomplete Quality of all partiment information is opportunity to imitiate ead to improvement. APROVEMENT ACTIVITIES rement activities must track dverse patient events, and and and mot met as evidenced by its and record review, the essment and Partormance is track and analyze an interesty creating a delay in to assure patient and analyze an interesty creating a delay in to assure patient and analyze and the early creating a delay in to assure patient and analyze and analyze and apatient adverse event is substance.  Partient to track and analyze and apatient adverse event as a patient adverse event as a patient adverse event and analyze and a patient adverse event as a patient adverse event and analyze and a patient adverse event analyze and a patient adverse event analyze and a patient adverse event analyze analyze and a patient adverse event analyze	A 287	changes that lead to improveme  1. Comprehensive remedial eduction be completed by 6/26/12, with redemonstration of competency, with all staff, including medical staffocused on identification of signification of signification of signification of signification of signification of signification of significant quality deficiences at that pose a risk to patient 2. Quality indicators have been rand revised to include a comprehensive of all transfers to an emerging department.  3. Additionally any incidente that the Manager's follow-up contained to the respective manager their Direct Supervisors, the VP of Care and CNO and the VP of Operation of the mexication. The report will be sent incidents here the Manager's follow completed. This report will be sent weekly basis.  4. In addition to the quality reviews expanded multidisciplinary reviews one blues and transfers to an emidepartment has been implemented 8/20/12.  a. A team including the Chief Medic Officer or designee, the unit Mediciplinary reviews (s), it for and monitor ecdons, effectivenees the hospital for prevention as across the hospital for prevention as	cation, to return as initiated aff, foant neure that to and its and eafety. eviewed entire and f Patient arations port will end of all enpancy of on a series of all enpancy of one of one of all enpancy of one of all enpa	A-JI6 P.OC. Accepted G 28 12-  triftiatoct:

P. 011/023

TATEMEN	TOF DEFICIENCIES	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NAMBER	(100)	MULTIP	PLE CONSTRUCTION	DOS) DATE	SURVEY LETED
HIC LINK	or constantion	IDENTIFICATION NOMBER	A BU	XÌ DING	G		
·		474001	8. WI	ING	,	4	R-C <b>07/20</b> 12
WHE OF F	ROVIDER OR SUPPLIER			_	ET ADDRESS, CITY, STATE, ZIP CODE		
BRATIL	EBORO RETREAT			1	nna harsh lane po box 1003 Rattleboro, vt 05304		
DIA ID PREFIX TAG	(EACH DEPICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECIEDED BY FULL SC EDENTIFYING INFORMATION)	ID PROB TAG	X	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETIO DATE
					DEFICIENCY		<u> </u>
A 287			4.	ا	b. These reviews also focus on a	ensuring	1
A 201		- · · · · · · · · · · · · · · · · · · ·	A.	287	all aspects of care, treatment an	d	
		tion of infravenous Narcan (an			services; complete, timely and a	ppropriate	
ļ		sed to reverse the effects of		- [	documentation, reporting, comm	unication;	1
		spiratory depression, sedation		- 11	and adherence to relevant policies. All deficiencies are immediate	96.	•
· · i	and low blood prese	uro).	,	,	c. All deficiencies are immediate addressed, tracked, trended, ani	ly shood and	į .
	Harintagássan 19/6	Md -tdOdg Abi Gasias		- 11	used for safety, quality and perfo	SIYZOO ANQ	f .
i		/11 at 10:15 AM Senior			improvement.	Attilatics	•
. "	Precior of Crishly 8	ind Regulatory Services			d. Trended data is reviewed in th	a manthir	
	CONTINUES ON COOR	Blue documentation is audited		اا	Patient Safety/PI Committee, qua	oriorium Oriorium	
		lation is complete and			the Organization Wide PI Commi		•
		lowed, When Patient #3 was			quarterly in the Quality Board Co		1
		es in their vital signs and level Code Blue was called and			and quarterly in the full board of t	rustans	
		responded to the medical			meetings		1
		cord was initially reviewed by		j 5	5. A QAPI Dashboard has been d	begglevel	Initiated:
		ty due to the Code Blue	• •	6	and implemented to assist in hos	pital-wide	2/1/12
		Director further confirmed.	•	C	communication of adverse events	and	
		ition to record review			mprovement initiatives.		1 .
		ormation was missing from		, a	a. The Dashboard includes agore	gsted	
į,	hio chance Although	an attempt had been made.		1	ype and severity data and trends	related	1 1
į.	rie teorier vinionali	tment to obtain the medical		l tx	o sil incidents monitored, analyze	ed, A	1276
	record from the ED y			0	communicated and measured.	, , , , , , , , , , , , , , , , , , , ,	
		ate of survey that information		p	. Trended data is reviewed in the	monthly	The mode
- 1	readilled, as or ule u	alned. This delay prevented		J P	Patient Safety/PI Committee, qua	rterly in	Accepte
- 13	ho the Disseler from	tracking and conducting a		T T	he Organization Wide PI Commit	tee,	Dog
- 1	horsusk probese af	the event. At the surveyor's		9	ruarterly in the Quality Board Cor	nmittee,	والمستعمل
		d was obtained on 6/6/12			ind quarterly in the full board of the	ustees .	6/28/
	and revenied the ED				neetings in order to measure the		) ## * ·
		stated on 5/20/12: 11 Reversal	¥ 1.	. j si	iffectiveness of improvement effo	πε.	• •
1.4	residence and the second	da secondary to narcotic use		ى 1	iow Monitored:		
- 1		ates " Pt. (patient) placed -		1 13	iom Moumbied:		
].	ic out oppiged unit	ales Pt. (patent) placed -   al with 0.1 mg. per min. At			Review and comparison of medic	nol .	
	).3 mg, s/he was abk	e to breath > 10 and		ne	cords, incident logs, incident rep	orte	•
	wakened ")	S PLOBALL IA GRIA		de	eshboard date and meeting minu	rtes	
. [.	· 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	· 1			House Supervisor and Executive	Rounds	
14	a a result of not have	ing obtained all necessary		fo	cused on Q&A and monitoring of		
l i	formation for analys	is, the hospital's Medical			hanges made for improvement.		1
		and med of the potential				ļ	7
		nding Patient #3's adverse	٠.	ĺΡε	erson(s) Responsible:	i	

P. 012/023

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and Plan	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A BUE	JETIPLE CONTINUETION DING	COMPL	ETED	
	· · · · · · · · · · · · · · · · · · ·	474001	B. WIN	3	, ,	R-C _06/07/2012	
NAME OF	PROVIDER OR BUTTLER		1:	STREET ADDRESS, CITY, STATE, ZIP COC	度		
BRATTI	EBORO RETREAT			anna marsh lame po box 403 Brattleboro, VT 05501	•		
PREPIX TAG	(BACH DEMCEDIC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC EDENTIFYING INFORMATION)	PREFIX TAB	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE A DEFICIENCY)	SHOULD DE	COMPLETION BATE	
A 287	Continued From pa	de 9	A 25	Senior Director of Standards a	ind Quality	İ	
		t the time of survey, the	~~	1010		1	
1	Medical Director wa	is first appraised of the		CMO			
- !	circumstances raial	ed to the Code Blue, the		Governing Body	•	. <b>j</b> .	
	possible ingestion of	of opiates and the patient's				1	
	response to Nercan	while receiving treatment in	•	A 287 \$21.21 (c)(2)QAPI IMPE	ROVEMENT		
	the Emergency Dep	ertment. A peer review	• •	ACTIVITIES			
	AUTOMORPHIS OF CRUSES	and responses of the events #3's medical treatment on	•	The hospital's Quality Departm			
	Tuler I had not have	conducted as of 6/7/12.		and analyzes all adverse patie	ieni tracks	j ·	
A <b>39</b> 5)		PERVISION OF NURSING	{A 396		ir everyo to	3/21/12	
	CARC			1. All adverse patient events a	n included		
	A requisitament summe n	nust supervise and evaluate		in the hospital's Quality and Pe	rformance	. :	
	the nursing care for	eech patient		improvement indicators.		,	
·		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$		2. Every adverse event is revie	wed,		
. 1	This STANDARD IS	not met as evidenced by:		categorized for type and sever	ty, reported,		
. !	Based on interview	and recent review nursing		tracked, trended and analyzed. 3. Quality deficiencies leading to			
!,		it a limely and ongoing		adverse events will now be sha	oute reduith all	•	
i	assessment of a pet	ient medicated for the		units in order to prevent recurre	hoe and		
Ī	symptoms of alcohol Findings include:	withdrawal (Patient #3)		improve patient safety, quality a	ind	l	
. !	Luintido Kionde	1		performance.	į	12/12	
	Per record review P	atlent #3 was admitted to the		a. Adverse events, their cause,	and [	61001	
$\cdot l$ .	hospital for the treatr	nent of elcohol withdrawsi on		improvement plans are docume shift to shift nursing report.	nved on the	6/28/12 4-287 P.OC.	
	5/16/2012. The physi	ician ordered nursing staff to	*	b. At change of shift, all incomir	in city	4-90,	
· 11	medicate Patient #3	by essessing the patient		required to listen to report.		POU N	
· [5	utilizing a scoring pro	cess for alcohol withdrawai.	·	c. Critical information is also sha	ared	. a ~~	
!	Librium, an anxiolytic	commonly used for		verbally by the Charge-Nurse di	uring the	O Det	
1.	symptoms of alcohol	withdrawal and prescribed		change of shift report.		Chrone 1	
i i	m a rikin (88 066060 Palient 23 over e 4 de	i), was administered to By period. An assessment		d. As of 6/26/12 the House Sup rounding on each unit will track	ervisors	Instituted:	
	would include vital sid	me, and acoring the severity		with the online incident report m	ncaens /	8/28/12	
	of withdrawal sympto	ms. This information was		e. House Supervisors will ensur	e chances		
- 11	then provided to the r	Tures essigned to administer	•	are implemented to prevent recu	mences		
/ 1	medications for the e	niro unit. Per review of the		and improve patient safety, que	ity and	· · ·	
	Medication Administra	stion Record (MAR) Patient veral times with Librium.	.	performance and that these cha now taken across all units when	nges are :		
· [ 4	Ki wax madicalad aa	Vorci firmae veith i iheimen		I DOW TAKED ROSES All LISTS AND A	Ani		

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page 12

FAX No. 2583787

F. U13/U23

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CATIBAL CO PLAA	ONT OF DEFICIENCIES OF CONNECTION	(X1) PROVIDER/SUPPLIER/OUA IDENTIFICATION (NUMBER:	A BUILD		COMPLETED	۲
• .		474001	s, Wing		R-C 06/07/2012	
AME OF	PROVIDER OR SUPPLIER		\$1	TREET ADDRESS, CITY, STATE, ZIP CODE		<u></u>
RATT	LEBORO RETREAT			ANNA MARSHILANE PO BOX 503 BRATTLEBORD, VT 06301		٠.
060 10		YEMENT OF DEFICIENCES	B	PROVIDERS PLAN OF CORRECTE	ON I	OKÐ:
PREFIX YAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX	(BACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX OBFICIENCY)	PRIATE COM	PLEYION VATE
A 395]	Continued From pa	me 10	(A 386)	f. A log to track all patients that h	ave Initia	
		drug. On 5/19/12, Patient #3	for sect	I neem manatemen to me swelded	Cy 6/28	/12
	demonstrated incre	esed symptoms of elcohol		department has been implement	ed on	
	withdrawa) including	tremore, agitation and	.*	6/26/12. The Manager of the Med	dical	
	anxiety. Although, fr	om 12:06 AM through 8:30		Clinic will ensure that all relevant		
	: PM on that date the	patient received a total of 275		documentation has been receive	d from	
	I mg Librium, there w	as no evidence nurses had	÷,	the emergency department on re	turn of 🖡 🕟	
	reassessed him/her	, following each dose		the patient.		
	administration, for s	ymptom relief		g. The Quality department will en	sure	
	1			that any medical records with mis	eing .	
	Par Interview on 6/7/	12 at 10:45 AM, the Tyler I		documentation from the emergen	cy I	
	cuside unice comin	ned nursing staff who are		department are obtained.		
	administering the P	sing each patient for the		How Manitored:		•
	Machiveness of the	medication. In addition.		- Hause Supervisor rounds condu	icted	
	although Patient #3	had a physician's order for	. 1	each shift to monitor for communi	cation	1
	Vistarii 60 nm orallu	every 2 hours PRN agitation.	· ]	of adverse events	ends A-28	5 T
Í	numing staff falled to	administer Vistaril although		· Review of aggregate data and tr		· .
	the patient was confi	nuing to display symptoms of		to monitor implementation and	Acc	activ
	ongoing agitation, in	addition, the patient's	1	effectiveness of changes made in	Aa	2
	physician was not co	nsulted regarding the		prevention and improvement.	Qe Q	يرام
- 1	angoing symptoms to	e patient was experiencing		Natural Control	6	38/12
.	and whether the use	of Vistarii would be		Person(s) Responsible:	'.'	
]	advisable.	· · · · · · · · · · · · · · · · · · ·		CMO		
].	<b>B.</b>			CNO	ſ	
	Per interview on 8/7/1	2 at 12:25 PM when		CEO	'	٠.
1	discussing how sine a	assesses for the callions administered, the	· . '	Governing Body		į.
- 1	medicalism were state	ed there was no where on	r	4 205 HO2 22 /L) 2 DLI CUREN III		
- 1	the MAR to documen	the effectiveness of PRN	M	A 395482.23 (b) 3 RN SUPERVIS OF NURSING CARE	ION	
- 1	medications administ	ered. At the top of each	1	PI NORDING CARE		
. 4	MAR page is printed	symptom nellef, yes, na, or		Nursing staff will now conduct a tin		
- 1	partial" and correspon	dîna coda "sx raf " ls to be		and ongoing assessment of a patie	iely !	į
. i∙	documented by staff a	ifter the administration of		nedicated for the symptoms of alc	ent	. [
· [1	PRN medications, VVI	en shown evidence on the		vitudrawal.	Dried	
, JI	MAR where ruraing is	to document effectiveness	:	ज्यस्थान् । <del>व्य</del> ाप्ताः		
j	of PRN medication, th	e medication nurse stated	.			- 1
"	That is a good point.	not aware of that".	1			
<b>186</b> 3   4	182.23(b)(4) NURSINI	G CARE PLAN	(A 396)		5/14/12	,· ·

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MAX No. 2583787

P. 014/023

PHINIEU: USVIAVZUIZ

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (CO) DATE SURVEY SYATEMENT OF DEFICIENCES (XI) FROMDER/SUPPLER/CLIA UCZ MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BITLDING R-C B. WING 474001 06/07/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 803 BRATTLEBORO RETREAT BRATTLEBORO, VT 05301 CONTRACTION SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OF LISC (OBNTIFYING DIFORMATION) PROVIDER'S PLAN OF CORRECTION CKO ED PREFIX PREFIX JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFCIENCY (A 396) (A 3961 Continued From page 11 Comprehenalve remedial education initiate d: and training has been initiated, to be 6/28/12 The hospital must ensure that the nursing staff completed on 6/28/12, for all RNs on 8/20/12 develops, and keeps current, a nursing care plan conducting the Alcohol Withdrawai assessment and on-going reassessment. for each patient. Special emphasis has been placed on using the alcohol withdrawal score to This STANDARD is not met as evidenced by: assess and reassess the medications Based on staff interview and record review, the hospital falled to assure that nursing staff effect and the requirement that reassessment will occur within one hour developed and kept current a nursing care plan to of the PRN withdrawal medication being address each patient's needs for 1 of 10 patients administered. In the applicable sample. (Patients #3) Findings include: The policies and procedures related to Completed: RN Alcohol Withdrawal Assessment have and the last Per record neview on 6/8/12, nursing staff failed to been reviewed and revised on 6/20/12 to revise the care plan for Patient #3 who was now ensure that procedures are clearly experiencing significant pain from an infected established that the alcohol withdrawel wisdom tooth. Per review of the care plan for score is used to assess and reassess the Patient #3's "Master Problem List" from which medications effect. Also included in the anotherne are identified and interventions. collect is the requirement that . monitoring and goals are developed, both the reassessment will occur within one hour of patient's wisdom tooth infection and penaletent the PRN withdrawal medication being bein Were not identified to be care planned. This administered. was confirmed by the Tyler I nurse manager on This reassessment will enable the RN to the morning of 6/8/12. determine the affectiveness of the INITIAL COMMENTS (B 000) (B 000) medication, if the medication is ineffective. it will guide the RN in the decision to administer other PRN medications as From Merch 19-Merch 21, 2012, federal contract ordered in the Alcohol Assessment exvevors performed a recentification survey Protocol. review of the special conditions of participation for psychiatric hospitals as part of a full survey The Medication Administration completed by the State Agency based on removal Record (MAR) for pro use of medications of deemed status. The facility has 149 certified used in alcohol detaxification has been beds. The census at the time of the survey was revised to use the alcohol withdrawal 91 patients; the sample of active patients was score as the measurement of both the eicht. assessment and dose indicated for (B 122) 482,61(c)(1)(III) TREATMENT PLAN (B 122) administration and the reassessment of The written plan must include the specific

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FAX No. 2583787

r. 015/023

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIENCLIA OCT MULTIPLE CONSTRUCTION (X2) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING R-C E. WIND 47**4**001 08/07/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. ANNA MARSH LAME PO BOX 803 BRATTLEBORO RETREAT BRATTLEBORO, VT 05301 SUMMARY STATEMENT OF DEFICIENCIES. (BACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LAC DENTEYING IMPORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (XII) COMPLETION PAEYK TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFELENCY the effectiveness of the medication (B 122) Continued From page 12 (B 122) administered. treatment modalities utilized. How Monitored: This STANDARD is not met as evidenced by: · A random sample review of MAR's for Based on record review and interview, the facility sicohol withdrawal and compliance with the policy and a review of the use of other falled to develop Master Treatment Plans (MTPs) medications for withdrawal in addition to that identified physician and nursing interventions benzodiazepines has been added to the that were individualized and specific to the daily point of care chart audit. Any treatment needs for 5 of 8 active sample patients deficiencies are immediately addressed, (A7, A14, B7, C7, D2, D13, E3 and E6), Instead tracked, trended, analyzed and utilized for the MTPs included interventions which were performance improvement. routing, garraric discipline functions that lacked The House Supervisor, CNO, and/or their focus for treatment. This fallure results in designee(s) now review the MAR and a treatment plans that do not reflect a random sample of assessments in the comprehensive, integrated, individualized medical record documentation each shift approach to multidisciplinary treatment. to ensure completion of initial and angoing assessment Findings Include: · Data is reported by the House A. Record Review Supervisor, CNO or designee to the monthly Patient Safety/Pi Committee by The sample putients' MTPs included the notation: the and to the Governing Board quarterly Who are the members of your team and how will for monitoring. we halp you achieve your goals..." The following: generic interventions were listed: Parson(s) Responsible: CNO 1. Petient A7 (MTP deted 3/17/12) Medical Director Governing Bedy "[Physician] will talk with you about appropriate medications, educate you on the long-term A 396)482.23(b) (4) NURSING CARE physiological effects of substance PLAN abuse/dependence, assess other psychiatric symptoms that may be impacting your recovery The hospital now ensures that nursing and will monitor your medical safety... "[Nursing] staff develops and keeps current a nursing will monitor your datox symptoms and any acute care plan to address each patient's needs. medical leaves you may have, support you in participating in groups and activities."

TAL NO. Z583/87

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		E & MEDICAID SERVICES	···		FORM APPROVE QMB NO. 0934-039	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIENCLIA IDENTIFICATION NUMBER:	- 1	AULTIPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY ETED
		474001	R. WI	V3	R-C 06/07/2012	
ance of	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	COOP	
KATTI.	EBORO RETREAT			ANNA MARSH LANE PO BOX 86 BRATTLEBORO, VT 05301	7	
CKG ED PREFIX TAG	(BACH DEFICIENC	ATEMENT OF DEPICENCES Y MUST BE PRECEDED BY FULL LSC DEMTIPYING BIPOPRIATION)	fD PREF TAG	PROVIDER'S PLAN OF ( EACH CORRECTIVE ACT)	on skould be Heappropriate	CONSTE
B 122)	Continued From pa	ige 13	<b>(B 1</b> )	1. Focused remedial educi	stion and	Inflation: 6/28/12
	2. Patient A14 (MT	P dated 3/16/12)	, ,	documentation of the Nurs as part of the Multidisciplin	ing Care Plan, ary Treatment	Completed: 8/28/12
	"[Physician] will con assessment, discu	s medication interventions		Plan was initiated for all Nu be completed by 6/28/12.	irsing Staff to (	_
	you from treatment symptoms and sefe	our symptoms and discharge ""[Nursing] will monitor your sty, encourage you to		Requirements for assess formulation, development, progress review and revisit	mplementation.	
	participate in unit a médications."	dvities and administer your		emphasized.  b. Return demonstration of was assessed via documer	competency	A-396
	3. Pertiant B7 (MTP	dated 3/14/12)		example cases and raview	of actual plans.	POCOR
	"(Physician) will con assessment, discus	5 medication interventions		How Monitored: - A rendom sample of 24 op	en medical	POC ACCOPT Delection
	with you, monitor you from treatment.	ur symptoms and discharge		records will be monitored by department on a weekly ba- 96 charts per month for Idea	sis for a total of	6/38/
- 1	symptoms and safe participate in unit ac medications."	ly, encourage you to limites and administer your		active problems and that an treatment plan has been cre	appropriate	•
	4. Patient C7 (MTP)	dated 3/3/12)		implemented Any deficiencies will be impreparted to the Charge RN.	Nurse	
14	adjustments or cham	finue to evaluate for possible ges in medications."		Manager and medical Direct rectify the deficiency immed	tor who will	•
	effectiveness, obser	ster medications, assess for re for side effects, review or clinical effectiveness and		Person(s) Responsible: PI/Risk Manager		
j a	assist the patient will easignments to do so	n remaining sale and provide		Senior Director of Standards CNO CMO	/Cauality	
1	5. Patient D2 (MTP d			B 122 482.51 (a.)(1)(iii) TRE	ATMENT	
	[Physician] will comp seesment, discuss	medication interventions		On May 1st, 2012, member	s of the	
	vith you, monitor you ou from treatment." ymptoms and safety	r symptoms and discharge Numbrig will monitor your		Executive leadership met wit Inpatient unit leadership tean	h all the	
P	articipate in unit acti	vities and administer your		team members present were CMO, CNO, Vice President of Senior Director of Quality, an	f Operations.	

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FAX No. 2583787

P. 017/023

AMO PU	ENT OF DÉFICIENCIES AN OF CORRECTION	(XT) PROVIDENMEUTPLIET/CLIA IDENTIFICATION NUMBER:		AULTIPLE CONSTRUCTION LOWG		LETED
		474001	P. WI	NG	<b>3</b> ·	R-C <b>107/201</b> 2
NAME C	FPROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
BRAT	TLEBORO RETREAT			ANNA MARSH LAME PO BOX 603 BRATTLEBORO, VT 05301		•
PRIPA TAG	O SUMMARY ST X (EACH DEFICIENC REGULATORY OR I	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC DENTIFYING INFORMATION)	PREFI TAG		N SHOLD DE	COMPLETION
(B 12)	2) Continued From pa medications." 6. Patient D13 (MT)		{B 12	Director of Admissions / Am Security Services. The Input leadership teams are compri Medical Director, Clinical Ma Social Work Supervisor. - This meeting was held to re	ient unit ised of the unit mager and	
•	you from treatment.	s medication interventions Ur symptoms and discharge "TiNursinal will monitor your		provide education for the new assessments that trigger tree and the new treatment plann that allows for identification of problems and individualization treatment plans.	w admission dment plans ing process if all active n of	
	7. Papent E3 (MTP ( "[Psychiatrist] will on possible adjustment  "[Nursing] will admin	ntinue to evaluate for sor changes to medications."		<ul> <li>All unit staff were provided both 1-1 individual sessions a settings within the actual tree.</li> <li>The new process was rolled of 8th, 2012. The quality depart been conducting weekly char- new process and there has be</li> </ul>	and group tment teems. but on May ment has t audits of the een a 98%	Completed: 5/8/12
	8. Patient E6 (MTP d	itique to evaluate for	•	percent compliance rate note.  The Chief Medical Officer, V Care, VP of Operations will at treatment team meetings to proctoring and role modeling.	P of Patient tend rovide for of the	
	possible adjustments "[Nursing] will adminis effectiveness, and ob	or changes to medications." ster medications, assess for zerve for side effects."		process to ensure all problem on admission and that arise di course of treatment have a co treatment plan. - 100% of staff that use the ne	ring the	
	Steff Interview or During an Interview or Medical Director confiplens were "boilerplate."	n 3/20/12 at 1:30p.m., the rmed that the treatment		planning process will receive reducation and have a compete evaluation performed and documents.	emedial	
	462.62(b)(2) MEDICA The director must mor quality and appropriate treatment provided by	L STAFF  Into and evaluate the energy and	(B 144)	How Monitored: - A random sample of 24 medi- will be monitored on a weekly in Quality department for a total of per month for identification of a problems and that an appropriate treatment plan has been created.	pasis by the of 96 charts ill active	

JUNYZYZUTZ/WED UZ:3Z PM ADMIN MAIN 3

P. 018/023 PRINTED: 05/14/2012

STATISMEN	OF DEFICIENCES	RE & MEDICAID SERVICES				0.0938-039
	OF CORRECTION	(XI) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER:	SCS) WATE	TIPLE CONSTRUCTION ING	PO) DATE SURVEY	
		474901	B. WING			R-C 07/2012
• *	PROVIDER OR SUPPLIER LEBORÓ RETREAT		Si	TREET ADDRESS, CITY, STATE, JUP CODE ANNA MARSH LANE PO BOX 803	0674	II ATIZ
PERFIL	EBORO REIREAT			BRATTLEBORD, VT 08301		
PRESERV TAG	EACH DEFICIENC	LATEMENT OF DEFICENCIES  Y WUST BE PRECEDED BY FULL  TO DISHTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU OROSE-REFERENCED TO THE APPRO DEFICIENCY)	n n de	CGMP-LETTON DACTE
(B 144)	Continued From p	age 15	(B 144)	· Any deficiencies will be immediate	ely	
		is not met as evidenced by:	Sn sad	LICEOTREC DE DISCUSSIDE KIN MURSA I	Manager	
	Deserd on record r	eview and interview, the		and medical Director who will rectif deficiency immediately.	y the	Ţ ·
	Medical Director is	illed to ensure that the Mester		Person(s) Responsible;		(
i	Treatment Plans fo	or 8 of 8 active semple patients		PI/Risk Menager		
- 1	(A7, A14, B7, C7, I	32, D13, E3 and E6) included		Senior Director of Standards/Quality	v	
	individualized inter	ventions. The Interventions		CNO	,	<b>i</b> 1
. ]	were non-specific a	and similar on all treatment		CMO		
	plans regardians of	the patients' problems. This			. 1	1
	Habite testive it fla	signent plans that do not		В 144 482.62(b) (2)		•
	reflect a comprehe	nerve, integrated, Part to multidisciplinary	$\sim$ $\sim$	The C140		
1	mandadakeo appic mandadakeo appic	Secure unitediscibilitaly		The CMO now monitors and evalua	tes the	
	neon netir			quality and appropriateness of servi provided by medical staff.	COS !	
[	Findings include:	·	٠.	How Monitored:	j	
[			1	. The CMO will review a random say	maia of	
- 1,	A. Record Review		1	medical records on a weekly basis	וט פולווי	
1			· ,	beginning on 6/28/12 to ensure	Į	ĵ
	Review of the sump	le patients' MTPs included		Individualized Interventions and	∵ !	!
. ] (	he notation: "Who s	are the members of your team	i	identification of all active problems a	nd that	
J-i	and how will we hield	you achieve your coals"	*. 1	an appropriate individualized treatme	ent i	•
17	The following generi	ic interventions were listed:		plan has been created and implemen	nted.	
			1	The CMO will review the medical re		Initiate:
. j1	I. Patient A7 (MTP d	dated 3/17/12)		audits and any deficiencies will be addressed with the attending psychia		<b>6/28</b> /12
` .			į.	adoreased with the attending psychia doctor on call	splet of	
· []	[Physician] will talk	with you about appropriate		Person(s) Responsible:		
10	neckations, studen hysiological effects	e you on the long-term	į (	CMO		
17	Missignandens	assess other psychiatric	ji	Medical Executive Committee		- 1
s	vincina fiet mer	be impacting your recovery	- 10	CEO	1	
	nd will months were	medical safety" "[Nursing]	J	Governing Body	·	)
i iu	All monitor your date	ex symptoms and any acute	(,	3 4 dm 400 one lives	}	· . · .
ת [	rodical issues you n	nay have, support you la	]2	3 148 482.62(d)(1) Nursing Services		. [
P	articipating in group	e and activities."	. /1	The CNO now monitors and evaluate	, I	1
. [			٠,	ivality and appropriateness of service	e the	
2	. Patient A14 (MTP	dated 3/16/12)	P	rovided by medical staff.	<b>89</b>	
7	Physiciani will comp	plete a pavoinlatrio		low Monitored;	j'	
8	ssessment diacuss	medication interventions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ion limian'	!	1

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ALMIN MAIN 3

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page 18

FAX No. 2583787

P. 019/023

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCES AND FLAN OF CORRECTION (KI) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: OCO MULTIPLE CONSTRUCTION DOS DATE SURVEY COMPLETED A BUILDING R-C A. WHIS 474001 06/07/2012 HAVE OF PROVIDER OR GLIPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 878 BRATTLEBORO RETREAT BRATTLERORO, VT 05301 SLAMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRUSS-REFERENCED TO THE APPROPRIATE 26 D ID PŘEFIX (705) COMPLETION CACH DEPOSITORY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTEYING INFORMATION PREPIX TAG DEFICIENCY How Monitored: (日 144) Continued From page 16 (B 144) with you, monitor your symptoms and discharge The CNO will review a random sample of initiate: you from treatment." "Nursing will monitor your 6/28/12 medical records on a weekly basis symptoms and safety, encourage you to beginning on 6/28/12 to ensure participate in unit activities and administer your individualized interventions and medications." identification of all active problems and that an appropriate individualized treatment plan has been created and implemented. 3. Patient 87 (MTP dated 3/14/12) The CNO will review the medical record [Physician] will complete a psychlatric audits and any deficiencies with the Nurse Managers who will immediately address lessment, discuss médication interventions with their respective Nursing Staff. with you, monitor your symptoms and discharge you from treatment." "Nursing! will monitor your Person(e) Responsible: CNO symptoms and safety, encourage you to participate in unit activities and ediminister your CEO Governing Body medications." 4. Patient C7 (MTP dated 3/3/12) "Psychiatrist] will continue to evaluate for possible adjustments or changes in medications." "[Nursing] will administer medications, assess for effectiveness, observe for side affects, review safety assignments for cinical effectiveness and sesist the patient with remaining sale and provide assignments to do so as necessary," 5. Patient 02 (MTP dated 1/20/12) "[Physician] will complete a psychiatric essessment, discuss medication interventions with you, monitor your symptoms and discharge you from treatment." "[Mursing] will monitor your symptoms and safety, encourage you to participate in unit activities and administer your medications."

5. Patient D18 (MTP dated 3/5/12)

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FAX No. 2583787

P. 020/023

CENT	ERS FOR MEDICAR  NT OF DEPICIENCIES  OF CORRECTION	H AND HUMAN SERVICES E & MEDICALD SERVICES  (XI) PROVIDENSUPPLENIZIA IDENTIFICATION NUMBER:		LULTIPLE CONSTRUCTION	DAYE COMP	
				LOINO		R-C
		474001	B. WA	YG		57/2012
	PROYDER OR SUPPLEA	OTICE TADURDOS, CITY, STATE, ZIP CODE				
(K4) ID PREPIX TAG	LEACH DEFICIENC	AYEMENT OF DEPTCIENCIES Y MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION)	PREFL	PROVIDER'S PLAN OF CO K (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEPICIENCY)	PRINCETION N SHOULD BE EAPPROPRIATE	GOMPLETION SATE
(B 144)	Continued From pa	17			<u> </u>	<del> </del>
	"[Physician] will con		(B 14	H4)	•	
	assessment discu	nedication interventions				
	With you, monitor w	our symptome and discharge				
	you from treatment	"[Nursing] will monitor your				!
	Derticipate in unit a	aty, encourage you to Citylies and administer your	1	, ,		į
	medications."		ì		•	<u> </u>
	7. Patient E3 (MTP	dated 2/23/12)	1.		• •	
į	"[Psychlatrist] will co	ontinue to evaluate for				
	possible adjustment	s or charges to medications."	4			
	[NUISING] WII admit	nister medications, assess for bserve for aide effects."		1		
- 1	CHECONAL MEDIO GILLI C	ingerial int <b>eith allacis</b> ".	.]			
. [	8. Patient EB (MTP	deted 3/11/12)				
]	سر الأرب المعلمة المعلمة المعلمة المعلمة		1.			
- 1	DOSSIDIE SQUISTUM CO	ritinue to evaluate for # or changes to medications,"	· ·		<u> </u>	,
` . <b>!</b> '	"Nursing wik admin	ister medications, assess for				
. !	<b>effectiveness, and o</b>	bserve for side effects."	1		. [	•
, j	B. Staff Interview	, , , , ,			[	
					. ,	
1	During an interview of	on \$/20/12 at 1:30p.m., the	1 4		•	•
1	bjaus mata "bojjadbja Magicaj Djilactor cou	firmed that the freatment				
148}	482.62(d)(1) NURSI	NG SERVICES	(B 148)		1	
1			[D 140]	1		
	The director must de	monstrate competence to splinary formulation of	•			•
	ndividual treatment o	apiliary romination of lans, to give addled nursing	•			
- 10	are voletable blue are	lig direct monitor and		1		
4	rvaluate the numing	care furnished.				.
- 1	•		•			··· ·
17	his STANDARD E	not met as evidenced by:			. '	,
-   1	Based on interview a	nd record review, the	•	•	1	1

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FAX No. 2583787

P. 021/023

PRINTED: 06/14/2012

CENT	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TAYBRING OF DISTRIBUTIONS (X1) PROVIDENSUPPLIERGIA		lass.		IPLE CONSTRUCTION	PRINTED: 06/14/201 FORM APPROVE OMB NO. 0938-03P		
	OF CORRECTION	DENTIFICATION NUMBER:	1,,	MLDIN MULII		COMPL	EYED	
	<u> </u>	474601	6. W	NG_			R-C 07/2012	
;	BRATTLEBORO RETREAT		STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 803 BRATTLEBORO, VY 65301					
OGO ID PRIERIX TAB	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  AUUST SE PRÉCÉDED BY FULL  SC IDENTIFYING INFORMATION)	PRES TAG	TX	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CONRECTIVE ACTION SH CROSS-REFERENCE) TO THE API DEFICIENCY)	OULD BE	(PAS) COMPLETION DATE	
(B 148)	Continued From pa	ge 18	(B 1	481				
• .	Interim Director of i	fursing falled to ensure that		I for				
•	the Master Treatme	nt Plans for 6 of 6 active , A14, B7, C7, D2, D13, E3		i			1	
ť	and 36) Included sp	ecific mursing interventions.			•		i	
	The fisted nursing in	terventions were generic nic deficiency can result in the	•					
	lack of an integrated	focus for patient treatment		ĺ	•			
	and fragmented nur	sing care for patients.						
'	Findings Include:			1				
	A. Record Review			i				
	•			į				
!	1. Patient A7: The M	aster Treatment Plen of following generic nuirsing		1				
	Interventions: "nursin	g staff will complete a		1		·		
	Medical Nursing Can	B Plan If Indicated and B appropriate", "nursing staff	-	1:				
j	will euconisses tors :	saticipation in group and unit			•			
- 1	ectivities" and "nursir	a staff will monitor detax						
	bympiome and any a have, support volu in	cute medical issues you may participating in groups and		-				
	activities."		•	: !		- 1		
	2. Patient A14: The N	faster Treatment Plan of		ļ	•		1	
13	3/16/12 included the	following generic nursima	•		•	•	- 1	
	amproverations: "nursing Bymptoms and safety	g staff will monitor your				1	J.	
! 1	participate in unit acti medication."	vities and administer your						
13	3. Patient 87: The Ma	eler Treatment Plan of		1				
	3/14/12 included the fi Meryentians: "mureing	ollowing generic huming	• • •					
0	letox symptoms and	any acute medical issues				•	.	
) y	ou may have, suppor troups and activities <sup>a</sup> complete a Medical Ni	t you in participating in and investing staff will	•	1				

P. 022/023

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							FORM APPROVED OMB NO. 0838-0391		
STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIENCES IDENTIFICATION NUMBER:		OC) MULTIPLE CONSTRUCTION A. BURLDING			OC) DATE SURVEY COMPLETED				
	474001		a. Wing				R-C 06/07/2012		
HANGE OF PROVIDER OR SUPPLIER  BRATTLEBORO RETREAT				STREET ADDRESS, CTY, STATE, ZP CODE ANNA MARSH LANE PO BOX 803 BRATTLEBORO, VT 06301					
(04) ID PRETX TAG	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS REFERENCED TO DEFICIE	CTION BHOU	a n me	COMPLETION DATE	
(B 148)	Continued From pa		(B 1	483	•				
•	indicated and moni appropriate."	tor your symptoms de				•			
	3/3/12 included the interventions; murs medications, assessably assignments assist the periont with the perions of the periods of the period of the periods	s for side effects, review for alinical effectiveness, and th remaining safe and provide							
	will encourage appr	to 89 necessary" and "nursing ophate social interactions in 17 time will help pt. identify				•			
	5, Patient D2 (MTP	deted 1/20/12)							
1	"[Nursing] will monit encourage you to pa administer your med	or your symptoms and safety, inicipate in unit activities and licasons."		•		•			
- 4	6. Patient D13 (MTP	dated 3/6/12)			. '		j		
10	[Nursing] will monit encourage you to pa administer your med	or your symptoms and safety, rticipate in unit activities and loations."				•			
	7. Patlent E3 (MTP d	ated 2/23/12)	•		•	•		. ·	
	[Nursing] will admini :ffectiveness, and ot	ster madications, assess for serve for side effects."	· .			•	i		
. 8	L Patient B6 (MTP d	sted 3/11/12)			•	•			
l.				1			•		

P. 023/023

NAME OF PROVIDER OR SUPPLER  STREET ADDRESS, CITY: STATE ZIP CODE ANNA MARCH LANS PO BOX 803  BRATTLEBORO, VT 05301	STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(XI) PROVIDERSUPPLIENGLIA EXENTIFICATION NUMBER;	A.Bu	WILTIPLE CONSTRUCTION	OMB NO. 0938-039 (XI) DATE SURVEY GONEPLETED R-C	
STREET ADDRESS, CITY: STATE, ZIP CODE ANNA MARSH LAME PO BOX 803 BRATTLEBORO, VT 05301  UN) 00 PREFIX (EACH DEFICIENCY MAST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)  (B 148) Continued From page 20   474001			D. WI	NG			
TAG REGULATORY OR LISC IDENTIFYING (INFORMATION)  PREFIX TAG REGULATORY OR RECUIDED TO THE APPROPRIATE DEFICIENCY)  (B 148)  Continued From page 20  (B 148)  During an interview on 3/20/12 at 2:30p.m., the Interim Director of Number and Clinical Manager agreed that numbing interventions were written		EBORO RETREAT			Anna March Lane po box 201		
During an interview on 3/20/12 at 2:30p.m., the Interim Director of Numing and Clinical Manager egreed that numing interventions were written	OXE) ED PREFIX TAG	/ CEACH DEFICIENCY MUST BE FRIED DIFFURN BY ITH I			K (BAON CORNECTIVE ACTION CROSS-REFERENCED TO THE	RECTION SHOULD BE APPROPRIATE	COMPLETION DATE
Interim Director of Numing and Clinical Manager agreed that numing interventions were written	(B 148)	Continued From po	sga 20	(B 1	48}		
		Interim Director of agreed that numeric	Numing and Clinical Manager interventions were written			•	
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Facility ID: 474061

K continuation sheet Page 21 of 21